# The China Medical Missionary Journal.

## EDITED BY

J. G. KERR, M.D., Canton. J. K. MACKENZIE, M.R.C.S., L.R.C.P., Tientsin. E. REIFSNYDER, M.D., Shanghai. REV. L. H. GULICK, M.D., Shanghai, Business Manager.

Vol. I.

## MARCH 1887.

No. I.

## Contents.

I.—THE MEDICAL MISSIONARY ASSOCIATION.

2.—THE EVANGELISTIC SIDE OF A MEDICAL MISSION.

3.—CANCER OF THE PANCREAS, NOT DIAGNOSED DURING LIFE.

4.—DISLOCATION OF THE SHOULDER.

5.—A CASE OF RUPTURE OF BLADDER WALL, ETC.

CORRESPONDENCE.

NOTES AND QUERIES.

EDITORIAL.

CONSTITUTION AND BY-LAWS OF THE MEDICAL MISSIONARY ASSOCIATION OF CHINA.

LIST OF MEDICAL MISSIONARIES IN CHINA, COREA AND SIAM.

HONORARY MEMBERS.

ITEMS AND NEWS.

CHINESE ARTICLES.

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The Subscription Price for *The China Medical Missionary Journal* is Two Dollars a year. There are to be four numbers in each volume. We purpose, if possible, to complete this volume with the civil year.

We will be obliged to our friends for an early transmission of the subscription money, as we have no reserved funds with which to meet our printers' bills. Officers of the Society, whose names are given above, are hereby requested to kindly act as local Agents in soliciting subscriptions and in receiving and transmitting moneys.

All Business Communications, Subscriptions, etc., should be addressed to the Business Manager, Rev. L. H. Gullek, M.D., Shanghai, while Articles intended for *The China Medical Missionary Journal* may be sent to any one of the Editors.

The Editors respectfully solicit contributions of articles and items from all Medical Practitioners in China, Corea, Japan, and Siam.

# China Medical Missionary Journal.

Vol. I.

MARCH 1887.

No. 1.

# THE MEDICAL MISSIONARY ASSOCIATION OF CHINA:— ITS FUTURE WORK.

By H. W. Boone, M.D.

HE medical missionaries of China have great cause for thankfulness that, by the recent election they have been brought into common bonds of union and sympathy. With a Medical Association, our honored President, and a staff of Officers, we are in a condition to work together for the common good, to know and appreciate one another in a way that we never have had the chance to do before. Our union will give us that esprit de corps without which we can never do good work as a body, and our best efforts would be scattered and unsupported. Now, the youngest, as well as the oldest member of the Association can bring forward his views and experiences, and we can learn from one another. I trust that we shall have a meeting of the Association as often as the General Missionary Conference is held, and at the same time and place. We want to know one another personally. In the establishment of a Medical Journal we have taken a great step forward. Medical missionaries are sometimes looked down upon by other medical men in China, simply because they do not know them and their work. There are clever and able men among the General Practitioners of Medicine-English, French, German and American-in China, but the medical missionaries can point to men among their own numbers who are second to none as physicians, surgeons, and obstetricians, while among the lady doctors there is a zeal and an ability worthy of all admiration. In our quarterly Medical Journal, we have now, for the first time, an organ in which to express ourselves, to report upon our work, and to enable us to garner the constantly increasing mass of observations and experience for the good of our own body and of the world in general. It rests with us whether we shall show the world that we are doing work which will command respect and support, or whether, by

our own supineness we lose the opportunity which the publication of this journal places at our disposal. Every medical missionary in China should pledge himself to give at least one article a year (in Chinese or English) to this medical missionary organ. Look upon this as a duty, a part of your proper work. We have other duties besides examining and prescribing for the sick. Let us help to do better work, have a higher standard of excellence, interest the world to send out and support more labourers, and we will soon feel that the labor of writing is a labor of love. Do not be deterred by the fear that you cannot write well enough. We want thought, experience, advice. We can afford to leave elegance and purity of diction to the literateur. Elegance and purity of diction are good things in themselves, but much of the world's work gets on without them; besides practice makes perfect. Lord Bacon says, "Reading maketh a full man, Conference a ready man, and Writing an exact man." Read the journal, let us confer together, and above all, write, and you will improve yourself whilst trying to benefit others. Have we anything worth writing about? There seems to be a consensus of opinion that medical missions are useful, and that they are an important means of getting at the Chinese and influencing them for good. Do we, all of us, use the very best and wisest methods of doing our work? What is the best method? Should medical missionaries spend a large part of their time in preaching and teaching the Gospel? Should they devote all of their time to strictly professsional work, leaving the work of evangelizing to others? We all know that the daily labor in dispensary and hospital work, when faithfully performed, taxes all our energies. We all know that we cannot do good work, cannot keep from running down, unless we have good medical journals and a few first-class books to read, slowly and thoughtfully, so as to reap the full benefit of our reading. We must read something besides medical literature, must mix with others besides our medical friends, or we will think and talk shop-always shop-and become too narrow to do the best that we are capable of doing. All this is a tax upon our time. Let us hear from several medical missionaries, the more the better, what are their views on the above questions. Should medical missionaries spend three or four years in gaining a good knowledge of the Chinese written language, or should they be content with a fair knowledge of the local dialect without attempting to read and write in Chinese? Should we have dispensaries for out-patients only, or, should we have hospitals also wherever there is a foreign doctor? Should we build our hospitals in the cheapest possible manner-and be satisfied to have them overcrowded, ill ventilated, dark and dirty—or should we always have them first class?—a small hospital of 10 beds, perfect in all its appointments, discipline and management. May it not cure more patients, train better nurses, teach better lessons to medical students, than one where the same sum of money is laid out on 30 beds, and no attempt is made to do the very best work of which one may be capable? These questions rise up every day; they must be met, they demand an answer. Upon our right decision depends the welfare of thousands; depends, in a great measure, the success or failure of our work. What have you found to be the best method of gaining the respect, the attention, and the power to influence the Chinese around you, so that you may lead them to higher thinking and living than they have ever had any opportunity of attempting before? My friends, this is a burning question, one that I have never been able to answer, and yet, this-this even beyond and above the exercise of our blessed gift of healing the body—is what we all came to China for. Dear friends, try each one in your own way, to think out this question. Do not be too hasty; if we will all think, and act out our best thoughts, the solution will come. Let us have your matured thoughts. One may suggest one part of the perfect plan and another may fill another part, until, under the blessing of our Divine Master, the right way may be vouchsafed to us. There are the ways of speaking, teaching, preaching. There are the ways of making our daily walk and conversation the means of the best training for ourselves and for those around us. What combination of methods is the best? Is it well for us to set ourselves to train up a body of skilled nurses? Not doctors, but people who can go into a house, purify its drains, ventilate it; cleanse the sick-room; bring quiet, order, and repose, to the patient, and perform the thousand and one acts so indispensable to the comfort and well-being of the sick, while they are content to carry out the orders of the doctor and to administer his medicines. It is a high and noble calling, that of nurse. The typical nurse is a Christian, man or woman, who does the work from a high sense of duty and of the nobleness of the profession to which they are called. Worthy of good pay and all honor, but doing their daily work unto the Lord. What a vast power for doing good such nurses could have. Can we train up Chinese men and women for this work of helping to heal soul and body? Can some of our readers tell us about this question? The trained nurses who have come to China to help us in our work, let them speak; let us hear what they have to say. I hope that our Association will take all the trained nurses we have, as honorary members of our Society. They are co-workers and we should share with them, and reward ourselves by gaining their sympathy and help.

Medical Education for the Chinese—It has been said, that until we can dissect, until we have the means of rivalling the great medical schools of the world, we had better give up trying to teach medicine; that the Chinese do not have the desire to study medicine; that we must wait until they wish to study; that well meaning medical missionaries are wasting their own time in feeble and unavailing efforts at teaching. Is all this true? If so, how can we remedy it? Is any part of it true? Is it best to wait, or best to do all we can do, and consider half a loaf better than no bread at all? Can we by teaching now bring about a better state of affairs? Is it wisest to fold our hands and do nothing? Is it best to have 20 or 30 isolated teachers, or to found a couple of good schools for the whole Empire? Shall we teach in English or in Chinese? The reasons for

teaching in English, the reasons for teaching in Chinese-let us hear them all, then we can decide. It is only by discussing these questions that we can gain the data needed to obtain a proper solution of the problems presented to us. Upon their right decision rest the use or the abuse of much money, the waste or the utilizing of much valuable labor. Is it best to support our medical students while they are studying, or shall they all be self-supporting? How high a preparatory education shall we require of them? What curriculum of studies? How much laboratory work, how much clinical work, how about attending lectures? What standard of excellence shall we require before graduating students? How are they to gain a living after they graduate? Shall they placard the walls and rival their brethren of the ancient system in China in trying to gain the notice of the people? This would be wrong in our countries. Can these Chinese medical men hope to gain a living without resorting to these means of gaining the attention of the public? We must discuss all these questions calmly, not with a view to gain our own point, but to weigh evidence and learn what is best. If we succeed in our attempt and give this nation good medical and surgical practitioners, think of the millions of lives we shall save, of the untold misery we shall prevent or cure. No nobler theme could arise for our discussion. We are no debating society arguing for amusement. Upon our right action hangs the welfare of millions upon millions of our fellow beings. If we succeed we will be deserving of the gratitude of mankind. Can we, as a united body, urge upon the members of our Missions out here, upon our Boards at home, the importance of training up Christian physicians and surgeons, men and women, Christian nurses, men and women, to go out all over the land and carry the blessings of our religion with them wherever they go? The time is not ripe for gaining the privilege of dissecting, but we can obtain almost all the advantages. By dissecting animals the skill and dexterity of a dissector can be gained, and a good knowledge of Comparative Anatomy and of Animal Structure. By operating on the prepared bodies of animals, tying vessels, amputating, resecting joints, trephining, operating on eyes, etc., etc., much practice can be obtained to supplement the information gained by assisting at Surgical Clinics and witnessing the operations performed by the professor of surgery. For actual knowledge of human anatomy, we can get wonderful fresh preparations from England. They are almost perfect, and a student accustomed to careful work on animals could derive great benefit from the study of these. This would obviate the objection that has been made to the teaching from plates and models. There are still many matters for our consideration. Time would fail, and the patience of my most forbearing reader would give out if I should attempt to sketch all the work that our Association and Medical Journal could find to do. We want accurate reports of the Geology, Mineralogy, Flora and Fauna, and Food Supplies of every Province in the Empire; the Meteorology, the Physical Geography, the prevailing diseases and the reasons for their prevalence. A

collective investigation of diseases, mortality and of other matters, sent in to the journal in reply to printed questions sent out by a carefully-selected committee, who should prepare themselves for this work by study, and by soliciting information from the leaders in such work at home. We want reports of dispensary and hospital work, reports of cases and of series of cases, with remarks and critical studies of certain classes of diseases and injuries. Enough. It is easy to ask questions; the far harder and nobler task of answering them I leave to my friends the medical missionaries of China, with full faith that they will do their very best to answer them to the utmost of their ability.

## THE EVANGELISTIC SIDE OF A MEDICAL MISSION.

By J. KENNETH MACKENZIE, M.D.

"HE medical missionary comes to China to advance the Cause of Christ. This is fully admitted. But there is not the same unanimity of opinion as to how he can best advance his Saviour's Cause. Many contend that his province is to confine himself to the healing of the sick, the training of medical students, and in the course of years, perhaps, adding to his multifarious duties the translation or preparation of medical works; meanwhile, showing general sympathy in Christian effort, but leaving to his clerical colleagues the work of evangelization. Others, again, think that he should personally take part in, if not superintend, the spiritual work amongst his patients-in fact be at the head of the Evangelistic as well as the Medical department of the Medical Mission. Such a view does not imply that he is not ready to welcome all the help he can get from his clerical brethren. The following remarks are written to advocate this latter opinion. There are two main objections generally brought forward against it. The first, that a jack of all trades is a master of none, and that consequently you cannot have a good doctor and a good parson in the same individual. This is quite true. But I am not advocating the making of parsons; indeed I would wish to see every medical missionary come out unordained, and it is not necessary that he should ever directly engage in preaching. To answer the other objection, viz., that he hasn't time, I would reply, that the old saying, "Where there's a will there's a way," holds good here. He must make time, for his business is only half done if he neglects this portion of it. How then can the Evangelistic side of a Medical Mission best be developed?

The prevailing opinion seems to be in favour of establishing in connection with every such mission, as soon as possible, a hospital with ward accommodation for in-patients. It is evident upon the surface that the best medical work can be achieved in this way, and there cannot be two opinions where the experiment has been fairly tried that the wards of a hospital give about the best opportunity to be found anywhere for direct personal dealing with men's souls. A statement one commonly hears made by clerical missionaries is to the effect that in chapel preaching to the heathen the difficulty is to get in touch with the people, to approach them as individuals. The preacher deals with his audience in the mass. We, in our hospital, on the other hand, can come into direct personal contact with men. Our relationship as doctor and patient removes at once the sense of separation, amounting oftentimes to actual hostility, shown by individual Chinese when approached by the foreigner.

One of the best ways in which the medical missionary can influence his patients is by keeping up the spiritual life of his assistants, encouraging them to prayer and the frequent study of the Scriptures. Of course, he can only aid them as he is himself abiding in Christ, and drawing strength and life from his Saviour. He cannot give what he has not himself got. The knowledge of this should stimulate us to a constant and close walk with God. It is of little account for us to pray for the outpouring of the Holy Spirit upon our assistants or patients, until the great cry of our hearts is, "Lord, fill me!" and then, when we are full, from us will go forth streams of living water to those around. Experience has taught me not to employ any men specially for religious work. The helpers should all be converted men, and they should carry the Gospel to the patients under the supervision of the doctor. By helpers I mean dispensers who assist in the compounding of drugs, and ward attendants or dressers, who correspond, in the work they do, to our nurses at home.

I can best set forth my ideas on the subject by describing our own practice. During the year 1886 there was an average of 42 in-patients daily in our wards, with an average length of residence for each of  $21\frac{1}{2}$  days. These patients pay for their own food and provide bedding, excepting in a few instances, such as severe accident cases. We employ two dispensers, three ward attendants, a cook, gatekeeper, coolie, all but the last being working Christians.

We begin the day with a Bible reading, at which the helpers and most of the convalescent patients are present. It usually lasts about three quarters of an hour, and is made as conversational as possible, by asking and soliciting questions, and inducing as many as are willing to take part. People enjoy a meeting much more when they have some part in it, however small. Above all things the leader should avoid "preaching" if the meeting is to be interesting and profitable.

Most of our medical work in the wards is done before two o'clock, so that the ward attendants are able to spend a large portion of every day in teaching the Catechism to those patients who are both well enough and willing to receive instruction. With a little management and encouragement from the Doctor an enthusiasm can be aroused, and the more advanced among the patients will help in instructing the others. "How shall they belive in Him of whom they have not heard?" On Tuesday evenings we hold a class in which we try to gather up the work of the week, "drawing up the Gospel net," as it has well been termed; and on Friday evenings there is a special meeting for the helpers and other Christians for prayer and the study of the Scriptures, the medical missionary being the leader at these various classes.

I want to set forth a few reasons why the Medical man should himself engage in Evangelistic Work:

First.—He can best influence his own patients.

They are looking to him for relief from suffering, and if he is doing his best to succour them, and they see that he is equally interested in their spiritual state, they will, out of sheer desire to please, begin to pay attention to these matters. This may seem a low motive, but never mind what is the motive if only the interest is aroused. Many a man has gone to a revival meeting to scoff and has remained to pray.

Second.—His assistants will be, under God, largely what he makes them.

It is a common statement at home that a Church is what its pastor is. Has he the Missionary Spirit? Then the Church will be a Missionary Church. Is he an aggressive man? Then the Church will be a Working Church. It is a trite saying, and yet one we often seem to forget, that men are taught by practice rather than by precept. It is of little use for the doctor to urge his assistants to Christian work while he himself is showing but lukewarm interest, or none at all. He must teach "do as I do" rather than "do as I say."

Third.—Unless he attends to it, the full value of the Medical Mission as a Christianizing Agency will not be developed.

It is no disparagement to our clerical colleagues to say this, for their main energies must necessarily be devoted to church organization and public preaching.

Fourth.—His own spiritual life requires it.

If the life of the soul is to be anything more than a name; if it is to remain in a healthy condition, it must needs find a channel for its activity. "We cannot but speak the things which we have seen and heard."

Then, too, there are so many depressing influences surrounding him in his medical work. The daily drudgery of the out-patient Clinic, with its crowd of sick folk, becomes at times trying to the flesh. A medical visitor once said to me, "How can you spend your life amongst these dirty wretches?" And in

the wards, though to the lover of his profession there is much to attract in the study of cases of special interest, yet there is also much to weary. He has to work with imperfect instruments in the shape of clumsy, if willing men, in place of the intelligent and tender nurses of our home hospitals. He has to put up with ideas of cleanliness that do not always accord with his own. All these things tend to depress a man. We need the elevating influence of service for God to counterbalance this state. When we aim at winning the souls of our patients to Christ, we begin to find how dreadfully dead to spiritual things the Chinese are, and how true it is that we can do nothing without the Holy Spirit, whose it is to convince of sin; and this knowledge drives us to prayer, that He, who is the Quickener of the dead, may come into our lives and work, and then we shall have the joy of seeing the light break in upon the souls of our patients, and we ourselves will be raised above the drudgery of our daily toil, and our work will become ennobling to our higher nature.

TIENTSIN, March 4th, 1887.

## CANCER OF THE PANCREAS, NOT DIAGNOSED DURING LIFE.

By R. A. Jamieson, M.A., M.D.

M. C., aged 49, a lightkeeper, 15 years in China. No family history of disease. Has never been seriously ill, except for a sharp attack of dyspepsia in 1878, which he attributed to lack of fresh meat and vegetables. Is strictly temperate.

Admitted to Shanghai General Hospital 12th February 1886, in condition of extreme weakness. He stated that he had taken hardly any food for a fortnight, his present illness having begun during the last days of January with vomiting and purging. He has six or seven small, loose stools in the twenty-four hours, frothy, yellow, discharged after much griping. They contain as a rule neither blood nor mucus, but he has occasionally observed a little blood, which he attributes to hæmorrhoids, from which he has suffered severely for years. He is habitually a bad sleeper. He shivers now and then, but is not conscious of any subsequent hot stage, and never sweats. Has severe pain in right side following course of lower ribs, but this occurs only in spells and is not excited or increased by pressure, percussion or deep inspiration. Sharp pain is sometimes felt between

the scapulæ, never in either shoulder joint. Has lost flesh steadily since the commencement of his illness. Has no cough. Has neither headache nor backache. When he attempts to stand he gets shooting pains in both legs and his ankles swell.

Excessively wasted; skin dirty yellow, cold, dry and harsh. Tongue clean, pale, flat, moist. Temperature 98°.4 in mouth. Pulse 75, small, weak, regular. Abdomen tympanitic, gurgling everywhere on deep pressure, which is painless. No enlargement of liver could be detected, nor was there evidence of any abdominal tumour. Examination of chest negative. Urine faintly acid. No albumen.

During the night after his admission the patient had eight pale, frothy stools and vomited incessantly, but rest and warmth with carefully regulated diet brought about improvement, so that by the 16th February it was noted that "the passages are now two in 24 hours, fluid, but bilious and not frothy." Apparent improvement continued up to the first week in March, by which time the stools had become solid. There was however no increase in weight, and the patient's cachectic mien remained unchanged.

For the next fortnight constipation alternated with diarrhea. When the passages were solid they contained bile, when fluid they were milky and charged with gas. Tympanites diminished, so that the liver could be mapped out with tolerable accuracy. The left lobe was slightly enlarged downwards, but no other morbid condition could be discovered by palpation or percussion. Meanwhile the patient lost strength rapidly, and began to wander. Œdema became general and permanent. The tongue was dry, hard, flat and fissured. Milk and soups were taken freely, but without appetite. Sleep was profound and undisturbed.

On the 18th March the entire body was cedematous, and the mouth was drawn to the left. From this out he never regained full consciousness. Urine and fæces were passed involuntarily, and although the cedema disappeared, and milk was freely drunk up to the 27th March, he was obviously sinking, and death occurred on the 28th.

The urine was normal in quantity and quality all through the case. The temperature was generally slightly subnormal.

Necropsy, 16 hours after death. Rigos mortis strongly developed. Body extremely emaciated. Very slight puffiness of the hands only. Skin yellow. Belly shrunken. Hardly any lividity of skin of back.

No blood flowed from incision of scalp. Calvarium thin and brittle. Dura closely adherent to it. When the brain surface was exposed there was a considerable escape of yellow serum. Membranes cloudy. Large quantity of subarachnoid fluid. The brain substance was diffluent, so that it was impossible to remove it whole. Ventricles distended with serum, much likewise flowing out of the spinal canal.

The thoracic muscles and sterno-mastoids were reduced to thin ribbons, bright scarlet. Abdominal muscles less wasted, violet. Not a particle of fat anywhere. General exanguine appearance of viscera.

Pericardium distended with yellowish serum. Heart feuille morte. No coagula in cavities. No valvular disease of heart, nor of great vessels, the walls of which were remarkably thin.

Both pleuræ contained much serum. Lungs ædematous; no deposit in apices or elsewhere.

The abdominal cavity contained a large quantity of yellow serum. The great omentum, from which all fat had disappeared, was shrunk into a mass which occupied the left hypochondrium. The stomach presented no lesions but was extremely anæmic. The small intestine shewed some slight vascular congestion, but its walls were so wasted as to be translucent when washed. The mucous membrane had practically disappeared. The duodenum was fixed at its upper part by condensation of the surrounding areolar tissue. Transverse colon diminished to about one half its natural calibre. The spleen weighed 8 ounces; it was full of blood, but not gorged. The surface of the liver was finely granular. Blood poured from the gland on section. The left lobe overpassed the middle line by about one inch and extended to a point 4 inches below the tip of the xiphoid cartilage. Weight 47 ounces. Under surface all round gallbladder and at apex of left lobe stained a deep violet, almost black. No disease discoverable. Gall bladder shrunken, containing only a little mucus. The kidneys were normal in appearance, easily decorticated. Nothing to note on section. Left weighed 5 ounces; right  $4\frac{3}{4}$  ounces.

The pancreas was replaced by a densely hard mass retaining to but a slight extent the shape of the normal gland. Macroscopically on section it had the appearance of scirrhus. The pancreatic duct was identified with difficulty, and a fine probe was passed some little distance through it from the duodenal end. The adjacent lymphatic glands were hard but did not sensibly compress the portal vein.

Sections from several portions of the tumour after hardening in Müller's fluid, uniformly exhibited the alveoli of the condensed stroma crammed with nucleated cells of irregular shapes and variable sizes.

The case was diagnosed as "Sprue," and cancer of the pancreas was not suspected. The stools were only once examined microscopically, about two weeks after the patient's admission. On that occasion no crystals of fatty acids were observed, nor were then any naked-eye appearances of fat at any time in the fæcal discharges. As disease was found nowhere but in the pancreas it would seem that the carcinoma was in this case primary, a sufficiently rare occurrence. Further, as it is well known that primary cancer of the pancreas spreads with great rapidity to neighbouring organs, the very slight implication of these latter indicates that the growth was of recent formation. Simultaneous degeneration of all portions of the gland would explain the absence of retention cysts.

## DISLOCATION OF THE SHOULDER.

By NEIL MACLEOD, M.D., Edin.

Thirteen Cases of Shoulder Dislocation Reduced by an Easy, Rapid, and Painless Method, without an Anæsthetic, Apparatus or Assistant.

N experience of reduction of a dislocation of my own shoulder joint by the ordinary heel-in-the-axilla method without an anæsthetic, from the pain during and after reduction, and from some injury done to the insertion of the deltoid, naturally directed my attention to the injury and its treatment with a degree of interest somewhat greater than if some one else had been the subject. The result of this experience was published a year later in the Edinburgh Medical Journal for March 1883, in a paper formulating the principle of the method referred to in this note. No case had then turned up for trial, and a further delay of two years elapsed, when two cases presented themselves in one month. These were so successfully reduced by the method in question, that I published them in the British Medical Journal of 30th January 1886, describing the procedure made use of, and asking surgeons, who had more opportunities of meeting such injuries, to put the method to the test and report the results.

Since the publication of my paper in January of last year, nineteen communications on the subject have appeared in the *British Medical Journal*, some of these claiming priority for certain of the details, all of which were expressly declared in my paper to be old, and new in combination only, whilst others reported cases.

Whether the method be new or old is a comparatively small matter, though it is not yet apparent that it has been previously described, or, what is still more important, has had the following advantages claimed for it (and demonstrated in 13 out of 17 cases already attempted by myself and others), viz., that it is easy, rapid, painless, needs no anasthetic, apparatus or assistant, and probably does no injury to the joint, advantages which would justify recourse to it in the first instance in all shoulder dislocation, even if successful in only one quarter of the cases tried, since it does not materially delay, or interfere with, the application of other methods when it fails.

So far the proportion of successes to failures has been thirteen to four.

Experience of failure and success has suggested slight improvements of the original method (a more detailed anatomical and physiological consideration of it will be found in the *British Medical Journal* of 30th January 1886):—

Place the patient on his back on the floor with the injured arm at right angles to the body, and tell him to lie limp and make no effort, that there will probably be no pain, and that if any is excited, it is to be reported, when the surgeon will desist. The surgeon sitting, on the floor, places his heel in the axilla, quietly takes the limb by the wrist and upper arm, and pulls in a line at right angles to the line of the trunk, at first gently and gradually increasing up to a force of a few pounds, the arm being still on the floor or but slightly raised from it. As reduction may take place without any intimation, to ascertain if this has occurred, the hand may be placed on the joint, or the limb adducted. If necessary, repeat the traction with a greater degree of force, and should all the force that can be applied, short of giving pain, fail, whilst pulling outwards, gently rotate the limb first in one direction and then in the opposite.

When pain is excited either by the above-described traction or rotation, it is probable that this method will fail like any other in consequence of muscular spasm. The absence of pain in the thirteen cases that have been successful is noteworthy.

After failure, if it is determined to give an anæsthetic, I think it is probable that reduction can be made by this method as, if not more, readily than by manipulation, or by traction in any other direction.

It may seem unnecessary to caution the surgeon to examine the head of the bone after he may think he has failed to replace it, but in my first case, I was on the point of trying some other plan, thinking that this one had failed after using all my force, when, putting my hand on the joint, I found that reduction had taken place unknown to myself, to a surgeon who was watching the performance, and also to the patient himself.

The rationale of the method is shortly this:—the supine position is the only one in which complete relaxation of all voluntary muscles can be obtained, almost every other position requiring at least associated tonic action of some muscles. The absence of tonic contraction, not only of all muscles concerned in the movements of the joint, but also of all muscles associated with them, as in standing, sitting and other positions, is a consideration of more importance as to resistance and pain than appears at first sight. The arms stretched out follow the indication given by the patient when he supports the elbow-taking the strain off the deltoid, abducting the limb much more completely, and so in most cases entirely relieving pain. Traction at right angles to the line of the trunk is in the direction most nearly opposite to that of the force which generally causes the injury, and therefore the most likely direction by which the bone may come back to its proper position through the opening torn in the capsule and tissues, whilst there is also less likelihood of enlarging this opening. This direction of traction, more than any other, causes less resistance from most of the muscles concerned in the movements of the joint.

Mr. Miall, Consulting Surgeon of the Bradford Infirmary, suspects "that adduction is often the effective part of the reduction by manipulation," and certainly the thirteen cases described below considerably strengthen that suspicion.

I would feel greatly obliged to surgeons who may try this method as above described, if they would either communicate the results, successful or otherwise, to me directly, or to this Journal, noting particularly the presence or absence of pain and jerk, the amount of force used, and the presence or absence of pain after reduction.

Cases I & II are copied from the British Medical Journal of 30th January 1886.

"Case I.—A heavy, powerful, athletic man, aged 42, fell while hunting. Three-quarters of an hour after the fall, I found a subcoracoid dislocation of the left humerus. He complained of great pain when the arm was not supported. I laid him down on the floor with his arms extended. With my left heel in the axilla, I pulled the arm steadily, straight out from the trunk, warning him that this would be painful; and there being no jerk, or other intimation of reduction, I pulled and pulled more strongly, and, thinking I had failed, determined to try the ordinary plan of extension more in the line of the trunk. Before resorting to this, I placed my hand on the shoulder, and, adducting the limb, I was surprised to find the head of the bone replaced.

"On inquiry of the patient if the pain was great whilst I was pulling, he surprised me by saying 'there was none.' At the time, I could not tell at what moment reduction took place, neither could the patient, nor a surgeon who was looking on, and was interested in the experiment, which I had explained to him before setting to work. The pain after reduction was 'not worth taking notice of,' and was only occasional."

"Case II was that of a small, muscular man, aged 28. A fall from a pony resulted in a dislocation of the humerus. Before I saw him, three men had each 'had a pull' at the arm, a fourth fixing the trunk by encircling it with his arms; this gave great pain. A fifth bystander volunteered to try the ordinary heel-in-the-axilla method, but also failed. They decided that it must be something other than a dislocation. Three-quarters of an hour after the accident, I saw him in my consulting-room. There was a good deal of abduction of the elbow; the shoulder was slightly swollen; pain was complained of in the region of the lower third of the deltoid, and the dislocation was more subglenoid than subcoracoid, not typically either. Raising the elbow to the level of the shoulder afforded great relief; depressing it made him complain lustily. I laid him on the floor, with his arms extended at right angles to the trunk, and, having told him to lie still, asked him how the shoulder felt; 'Very easy,' was the answer. With my heel in the axilla, I made gentle traction on the arm straight out from the trunk, watching for a jerk, and using a force of from

five to ten pounds, so far as I could estimate. There was no jerk. Not expecting reduction, I placed my hand on the shoulder, and was so surprised to find it had taken place, that I had to adduct the arm completely before I was quite convinced. The patient refused to believe that it was done. Here, again, there was no pain during reduction, nor the slightest attempt at, or appearance of, resistance.

"In this case, immediately after the accident, while presumably the constitutional effects were still present, great force had been applied unsuccessfully in the same direction in which I applied a small amount successfully three-quarters of an hour later; the former failed with the man standing, the latter succeeded with him lying on his back. Likewise, lying down immediately after the accident, great force was applied, with the heel in the axilla, in vain, and a small amount of force in the same position, with the heel in the axilla, succeeded later; the former failed with traction in the line of the trunk, whilst the latter succeeded with the traction at right angles to that line. Whilst the first case may possibly have been one of those easily reduced by any method, the previous attempts at reduction make this unlikely in the second case."

Cases III § IV are copied from the "Surgical Memoranda," British Medical Journal, 22nd May 1886.

"Responding to Dr. Macleod's appeal at the end of his paper in the British Medical Journal of January 30th, I have to relate the following case:—

"Case III.—A man, aged 28, muscular, but not in very good health, had a subcoracoid dislocation of the left shoulder. Sixty hours after the accident, I found him supine, in bed. Abducting the arm to a right angle with the trunk, I pulled from above the wrist with moderate force. Reduction was immediate, and the pain trifling. No anæsthetic was used, and no counter-extension, beyond the weight of the body, was necessary; but I had my left hand on the head of the dislocated bone, to ascertain the progress of the case. A slight snap was heard at the moment of reduction.

"At a meeting of the Bradford Medico-Chirurgical Society, where I mentioned the case, Dr. Murray, of Burley-in-Wharfedale, related having reduced a case by a similar method, the patient being in the standing position. I suspect that adduction is often the effective part of the reduction by manipulation. Dr. Macleod has done service in formulating the procedure distinctly; and, if his method prove frequently successful, it must be considered a decided improvement, consisting, as it does, entirely in counteracting muscular resistance, to the exclusion of attempts to force the bone directly into its place.

"Philip Miall,
"Consulting Surgeon
"to the Bradford Infirmary."

"As Dr. Neil Macleon, of Shanghai, after describing this method in the Journal of January 30th, 1886, asks for the results of further experience in the reduction of dislocations of the shoulder by his plan, I think it due to record a most satisfactory case:

"Case IV.—A very muscular young soldier, aged 24, height 6 feet  $2\frac{1}{2}$  inches, was brought into hospital with the following history. When at gymnasium practice, he fell over 'the horse' on the point of his shoulder, and sustained a very marked subglenoid dislocation of the head of the humerus; there was a hollow below the acromion, large enough to hold the fist, and the head of the bone could be felt far down on the anterior border of the scapula. The slightest movement towards adduction of the limb, caused him great pain down the inside of the arm and at the insertion of the deltoid; and, without chloroform, it would have been impossible to reduce the dislocation by the usual methods without causing great suffering, and attempts thereat most probably would have ended in failure.

"I placed him on a mattress laid on the floor, and gently moved the limb to a position at right angles with the body, the pain being thus completely relieved. I then placed the approximate heel in the axilla, or, rather, against the side of his chest, and gradually applied traction to the upper arm, in the 'right angle' direction, the force never exceeding more than about two pounds, and not causing the least pain or spasm. In about thirty-five seconds, this formidable dislocation was reduced, entirely without the patient's knowledge, without pain or spasm, without the usual click, or, in fact, any subjective symptoms whatever. He could not believe the joint was all right, until complete adduction without pain convinced him of the fact. I must mention that the joint had not been dislocated before.

"Such a satisfactory result as this I think worth recording; for, if further experience teach us that such results will be general, all will, I am sure, agree that one of the most frequent, formidable, and painful injuries of every-day life, will be robbed of all its terrors. When a house-surgeon, I have reduced many dislocations of the shoulder by Koch's method of manipulation, but have failed in some, and had to give chloroform; but in no case could I have given a more unfavourable prognosis, and produced so pleasing a result as this one, reduced by Dr. Neil Macleod's 'right angle traction' method.

"W. BEEVOR,
"Surgeon, Scots Guards."

Cases V and VI are reported by Dr. Henderson, of Shanghai. One of these was of twelve days' standing. My method having been tried without success, the ordinary heel-in-the-axilla plan was followed by the same result. Chloroform being given, traction outwards from the shoulder returned the head

of the bone with the greatest case. The other case, reported by Dr. Henderson, was reduced by my method without pain, quickly, and with very little effort.

Case VII was a somewhat instructive one, attempted by Dr. MILLES, of Shanghai, and myself. There was considerable pain complained of, and every attempt at adduction during the performance, to see if reduction had taken place, increased it. Both of us tried the application of as much force as we could exert, and failed, without, however, exciting any pain. Dr. MILLES put on a clove hitch by means of a towel, and looping a second towel over one of his own shoulders and through the first one, he was still unable to replace the head of the bone, and still gave rise to no pain. While still pulling outwards, a little rotation was accompanied by a slight jerk as the reduction took place painlessly.

Case VIII was that of a very powerful man who had fallen down stairs and came to me six hours after the injury. He had been drinking and was still so much under the influence of liquor, that he would insist upon assisting me and would not lie quiet. So far as I could judge, pain was excited by traction outwards even when a little force was used. Under the influence of ether, a gentle pull outwards sufficed to return the head of the bone.

Case IX was of 12 hours' standing. The shoulder had been injured on some previous occasion and was now considerably swollen, whilst the elbow joint of the injured arm was anchylosed from an old injury at an awkward angle. I am not quite certain that the patient, a Chinaman, understood the order to lie lax, at all events pain was felt on traction outwards and resistance excited, so chloroform was administered, and reduction took place, without any jerk, on the arm being pulled outward with a force not exceeding a few pounds.

 $\it Case~X$  is reported by Dr. Little, of the Shanghai General Hospital—a failure.

Case XI, also reported by Dr. LITTLE, was a success.

Case XII is reported by Fleet Surgeon Longfield in the "Surgical Memoranda" of the British Medical Journal of 6th November 1886, a subglenoid dislocation by direct injury. He says, "of myself, my colleague, or the patient, I can scarcely say which was most pleased or surprised at the simplicity and rapidity of the proceeding. He had clearly felt no pain during the reduction, which as certainly had not occupied more than three seconds in its completion."

Case XIII is reported by Dr. Lycett in the same Journal, of 11th December 1886:—"On November 18th, a stout, muscular horse-dealer, weighing about sixteen stone, slipped from the edge of the pavement, falling on his left side, with the arm outstretched to save himself. He had to be assisted to get up, and was taken home, complaining of much pain about the shoulder, and inability to use the arm. Supposing that he was suffering from a sprain, the shoulder was rubbed by his wife with some liniment. After four days, however, finding

no relief, he sought my advice, when mere inspection indicated a subglenoid dislocation of the humerus.

"Being aware of the difficulty sometimes attending reduction by the usual method, even with anæsthesia, and appreciating the rational procedure of Dr. Neil Macleon, recommended in the Journal, I adopted his recommendation with great success; for without an anæsthetic, and using only gentle traction, the head of the bone was immediately reduced with a perceptible sound and movement. The patient stated that the manouvre caused no pain.

"JOHN A. LYCETT, M.D."

" The Hollies,

" Graiseley, Wolverhampton.

Case XIV is reported by Dr. Withers, in the Journal of 18th December 1886, also a subglenoid dislocation by direct injury:—"By gentle traction of the "arm at right angles to the trunk, I found the head of the bone slipped quite "easily into its place. No anæsthetic was needed," he writes.

Case XV, also a successful one, is reported by Dr. Underwood, of Pagoda Anchorage, Foochow. It was subglenoid, and traction alone failed, but with rotation it succeeded in replacing the head of the bone without pain, as in Case VII.

Case XVI.—Dr. Peacock, of Bolton, reports a subglenoid dislocation in a woman of seventy years of age, of ten days' standing, in which he "tried the older methods of procedure without success. Then," he writes, "I determined "on trying right-angular traction, which succeeded immediately, with very little "force needed. I strongly recommend the mode of procedure in all similar cases." (British Medical Journal, 15th January 1887, page 142.)

Case XVII.—Dr. Allen writes from Seoul, March 9th, 1887, "three days "ago I had an opportunity of trying your method of reducing a dislocation of the "shoulder. It went readily into position with great relief to the patient."

# A CASE OF RUPTURE OF BLADDER WALL, FROM INJURY: EXTRA-PERITONEAL EFFUSION—OPERATION—RECOVERY.

By H. W. Boone, M.D., -Surgeon to St. Luke's Hospital, Shanghai, China.

Q., male, 35, married, opium-smoker. Two days ago, in the early morning, while walking a narrow gang-plank with a heavy load on his shoulders, the plank turned edgewise and he fell astride of it, striking on his perineum with great violence. He has not passed his water for 48 hours. Admitted at 7 A.M., July 29th, 1886. When first seen by me at 9 A.M. he had a very extensive extravasation of blood in the perineum. The penis, perineum and the inner sides of the thighs were bruised, swollen and quite black. The scrotum was black and nearly as large as the head of an infant at birth. He has great pain; no desire to pass water. Abdomen much distended; dull all the way from one side to the other for nearly half the space between the pubes and umbilicus. The areolar tissue above the pubes was distended and gave a doughy feeling. Change of position did not alter the signs. A careful attempt was made to pass a silver catheter, and afterwards, an olive pointed gum catheter into the bladderboth attempts failed. The perineal region appeared to be literally mashed up. With full asceptic precautions a fine aspirator needle was plunged into the hypogastric region; five ounces of clear urine came; the flow then stopped. Withdrew the needle and cleared out a blood clot. Reinserted; no flow. The patient is a feeble and much emaciated man; a broken down opium-smoker. As he was suffering greatly and was very faint, he was allowed a pipe of opium, then an egg with 1 oz. of brandy; and he had a warm bath and clean clothing. A pad soaked in a solution of carbolic acid, 1 in 40, was placed over his abdomen, covered with oiled silk and a binder, and the patient was put to bed. At 2.15 p.m., after consultation with Dr. Leach, of the U.S. Navy, who agreed with me that we had, in all probability, a case of extra-peritoneal rupture to deal with, I decided to make an exploratory incision above the pubes, let out the extravasated fluid, and search for any rent in the walls of the bladder; sewing up the rent when found. An incision 4 inches long was made above the pubes in the median line. As soon as the skin was cut through about 30 ounces of clear fluid flowed out ; it had a faint odor of urine. The cedema of the parts diminished so that the symphysis pubis could be clearly felt. With the knife, and when possible with a director, the tissues were carefully separated in the mid-line. On reaching the bladder it was found very slightly distended, fluid came from the space outside of the bladder to the amount of more than 3 quarts. No wound could be found in the

external aspects of the bladder. Evidently there was some small hole which, when the bladder was distended, allowed the urine to flow out into the subperitoneal region. The peritoneum was pushed high up and could be felt above the wound. I decided to open the bladder and search for the hole in it. A curved needle on a handle was threaded with a double loop of carbolized silk; the bladder was transfixed by the needle and held up, then opened; about 6 ounces of slightly bloody urine flowed out, and some small blood clots were found. I then examined the cavity of the bladder with my finger. A slight depression or pucker to the right side about at or near the junction of bladder wall with prostate was found, large enough to allow of leakage when the bladder was distended. When the bladder was empty this very small slit would have its sides in close apposition. I now tried to pass an olive pointed French gum catheter through the neck of the bladder, along the urethra to the meatus, but was unable to do so. The whole cavity was freely irrigated with a hot solution 1 in 100 of pure carbolic acid; a large red rubber drainage tube was placed in the bladder and secured to the abdominal wall by two catgut stitches. The bladder wound was then stitched to the wall of the abdomen with catgut and the wound closed. An incision was was made in the scrotum on either side of the raphé, and an incision in the perineum. This let out the clotted blood in those parts. There was not a drop of urine extravasated in the perineum or scrotum. The abdominal wound, the scrotum, and perineum were then dressed with Iodoform, one "Gamgee Pad" applied, and over all oakum and bandages. The patient reacted well and awoke after one hour of quiet sleep. His temperature the next afternoon was 103 5 10. He was given a dose of salts, followed by an enema, and passed two large and offensive stools. He felt greatly relieved, and the temperature fell. After this the highest temperature recorded was 99-6. The patient was quiet and cheerful. The dressing was changed the next day. After the operation, abdomen flat, wound healthy, swelling in scrotum and perineum going down. August 7th.—Removed the drain tube and inserted a soft rubber tube 21 ft. long. This tube passed through the dressing and it was kept in a vessel containing solution-perchloride of mercury. August 16th .- A small swelling was found in the perineum; it was opened and a few drops of pus and urine let out. About this time I was compelled to leave Shanghai on account of an illness. On my return I found the patient in good condition with regard to his bladder trouble; perineum quite sound; passing all his water through the India-rubher tube above pubes. He could keep it for two or three hours and then let it run off. Neither he nor his friends were contented with this. They wanted to know if I could restore the urethra. He is suffering from intermittent fever; has had an attack every autumn for many years. I put him upon special treatment for this. October 16th, as he was quite free from fever, assisted by Dr. Jamieson, I made a perineal section by the method of Wheelhouse. No entrance into the bladder could be found; not even a bristle could be inserted. After careful trial to find the old passage had failed, I cut down in the line of the urethra and made

a new opening; then passed a No 24 French steel sound from the meatus into the bladder, to make sure that the whole canal was free, and withdrew it. The india rubber tube was removed from the opening above the pubes and the patient was put to bed. He made a good recovery. The hole above the pubes closed in a few days, the wound in the perineum healed up, and a No. 22 soft French catheter could be passed through the meatus into the bladder without the slightest difficulty. Just at this time the patient had a return of his old malarial trouble, November 2nd, and was prevented by it from going home. Under a course of arsenic and iron he recovered and was discharged cured on the 21st of November. This was clearly a case of rupture of the bladder and effusion of urine. The symptoms pointed to an extra-peritoneal effusion, and an incision was made in the abdominal wall. Had the case proved to be one of intra-peritoneal effusion I could easily have opened the peritoneum, through this same incision, and then performed whatever was needed for the further relief of the patient. The very small size of the opening in the bladder wall made it difficult to find, and I trusted to the free drainage and absence of pressure on the rent to put it in a safe position to heal. After all parts of the cavity opened into had been freely washed out, and the bladder wound was stitched to the abdominal wall, the patient improved without a single bad symptom. If it had not been postponed on account of my unavoidable absence from Shanghai, I should have performed the final operation sooner and the man could have returned home at an earlier date. At the time when the opening into the bladder was made, I did not cut down in the perineum for the purpose of establishing the canal, but only to let out the extravasated blood in that region. My reasons for this course were that, owing to the disorganization of the perineal region, by the violence of a direct blow on the parts, the chance of success in establishing a new urethra at the time of the operation seemed to be problematical, and drainage through the broken and lacerated parts meant urinary infiltration and sloughing. By free drainage over the pubes I succeeded in preventing infiltration and sloughing. There was never at any time serious trouble with the perineum or scrotum. Ruptures of the bladder fall into two classes, Traumatic and Idiopathic. In either form they may be extra-peritoneal, sub-peritoneal, or belong to the still more serious class of intra-peritoneal ruptures. The usual symptoms of rupture of the bladder are, great pain, a feeling as if something has given away, difficulty, more or less great in standing or walking, desire without the power to pass the urine. Sometimes, however, patients are able to micturate even with this injury. When a catheter can be passed into the bladder, blood or only bloody urine is withdrawn. Sometimes it will be difficult to depress the instrument between the patient's thighs; again, the point of the catheter may pass through a rent in the bladder wall and penetrate into the peritoneal cavity, when a large amount of fluid may be drawn off. The urine will only flow guttatin, or well up alongside of the catheter, or else it will come out with an ebb and flow movement corresponding to the movements of respiration. This latter sign is pathognomonic of ruptured bladder. In intra-peritoneal ruptures symptoms of peritonitis will appear after a time. In two most instructive cases of intra-peritoneal injury, narrated by Sir W. MacCormack, in the No. of the Lancet, December 11th, 1886, the peritoneum at the time of the operation was free from any inflammatory change; one case for nearly 19 hours after the receipt of the injury, in the second case 26 hours had elapsed. From the successful result in both of the above cases it appears that the proper treatment of intra-peritoneal rupture of the bladder is to perform laparotomy at the earliest possible moment after the receipt of the injury and before serious inflammatory trouble has been set up. The complete closure of the rent in the wall of the bladder—there may be more than one rent by sutures inserted through the whole thickness of the serous and muscular coats, carefully avoiding the mucuous coats, is of the greatest importance. "The "serous surfaces should be inverted, brought into close contact, and the first and "last stitches inserted quite beyond the extremities of the wound, so that leakage "at either angle (the most common place for it to occur) may be rendered "impossible." The sutures should be of fine carbolized silk, using an ordinary fine carved needle. Introduce the sutures after Lembert's method, including the serous and muscular coats only, at intervals of about a quarter of an inch apart. Should the closure at any place not be perfect, introduce a few more interrupted sutures. The bladder should then be moderately distended with a weak solution of boric acid through a catheter, to see that it is watertight. Wash out the abdominal cavity with a couple of gallons of water boiled and cooled down to 98° F. of a 1°/o solution of boric or carbolic acid. Do not sponge the peritoneum. Close the peritoneal and surperficial wound by deep interrupted stitches of carbolized silk. Insert a small short drain at the lower part of the external wound. Employ a thoroughly asceptic dressing; draw off the urine by catheter 4 times in the 24 hours, if the patient does not pass it freely. Two points of great importance are insisted upon by Sir W. MACCORMACK. He says: "Many cases [of Rupture of the Bladder] are upon record where the lesion was "not diagnosed for several days, nor until the occurrence of severer symptoms not "only made the injury clear but completely contra-indicated operative interference." Then he says: "The only manner in which an uncertain diagnosis can be made "certain is by practising an exploratory laparotomy with greater frequency. I "would strongly urge therefore the necessity for an earlier interference and bolder "practice." The above has to do with intra-peritoneal ruptures; still, the cases of rupture of the bladder cannot always be divided into intra and extra peritoneal injuries with certainty unless an exploratory incision is performed. A suprapubic cut gives a chance of exploring the parts by inspection and by the surgeon's finger. In the case of an extra-peritoneal injury the rent can generally be found and secured without opening the bladder, or opening into the peritoneal cavityand should it become necessary to open the bladder it can readily be done. If the case should prove to be one of intra-peritoneal rupture, the incision can be extended and the operation completed then and there. Mr. WALTER RIVINGTON, in his recent admirable article in Heath's Dictionary, lays down the following rules: "In extra-peritoneal ruptures, cystotomy, combined with incisions above "the pubes and into any parts where extravasated urine finds its way, will offer "the best prospect for the patient." By cystotomy, I take it that he means perineal cystotomy. In many cases of extra-peritoneal rupture this plan would do. Yet, I think that the plan of an exploratory incision above the pubes-and suture of the rent in the bladder wall, would be the best for some cases. There would be less chance of the formation and extensive burrowing of pus than when we opened the bladder in the perineal region and trusted to "incisions above the pubes and into any parts where extravasated urine finds its way." The rent in the bladder can, in nearly all cases, be sewed up; if not, a drain can be inserted, thus taking off the pressure from the sides of the wound, and putting it in the best condition for healing. The parts can be thoroughly irrigated with an antiseptic solution and properly drained. By this method we leave less to chance than we do by any other method which has been proposed up to the present time. In cases where more thorough drainage is needed the plan proposed by Dr. Robert F. Weir, of New York, should be followed. This eminent surgeon proposes [Medical News, December 4th, 1886]: "Should "any suppuration occur and be detected of the prevesical tissues, the experience "had in the treatment of rupture of the bladder, and its attendant extravasation, "must be kept in mind, and drainage be essayed by carrying downward a long "dressing forceps behind the pubes, and cutting on its point in the perineum, and "by pulling through this a tube sufficiently large for the easy flushing and draining "of the gravitating pus and urine." On my return from Chefoo my patient was quite well, and I would have been content to let him go home, as he could hold his water for several hours at a time and then let it off by unclamping the tube. Mr. Frederic Treves, of the London Hospital, narrates a case [Lancet, June 19th, 1886]. In this case the man had a severe urethral stricture, of traumatic origin and 20 years' duration. He came under treatment for retention of urine. and his bladder reached to the umbilicus. "August 27th, 1885.-The bladder "was punctured above the pubes. A rectum trocar was used and the cannula tied "in. Three pints of urine were removed." "On September 12th a soft rubber "empyema tube was introduced after having been cut down to about 3 inches in "length. This was retained by a simple contrivance of bands and elastic cords, "and closed with a wooden plug. The patient got up and was discharged on "September 19th. He returned May 25th, 1886." "He has passed no urine by "the penis since he left the hospital. The same tube is retained and gives rise to no "inconvenience. He empties the bladder about four times daily." In my patient practically the same result was brought about as in the patient of Mr. TREVES. With this I was quite satisfied, well knowing from long experience the difficulty of permanently conquering traumatic strictures. In China, however, one has to allow very often for the prejudices of the natives. My man and his friends could not believe that he was cured, although they saw that he was in better health than even before the receipt of the injury. They pestered for what they considered a perfect cure. They always believe that the Foreign Doctor can do anything, if only he chooses to. I therefore restored the canal of the urethra, taught the patient to use a catheter, and let him go. My thanks are due to Dr. Leach for his valuable assistance and for his wise counsel and ready help in the many surgical cases we have seen together.

## CORRESPONDENCE.

#### A LINE FROM PEKIN.

It is a cause for congratulation and handshaking all around that we doctors at last are to have a journal of our own. Each number, as it appears, will seemingly, in our own eyes at least, increase our importance to China and the world at large, besides giving us the opportunity of talking together about our work and airing our grievances in a proper style. Not that as a class we feel we have any thing of importance to complain about, but it is a satisfaction to know that if at any time we do so feel, we can through the medium of our own magazine take the public into our confidence and tell them all about it.

In these stirring times no organization seems to consider that it is doing its duty to itself or to a benighted world unless the great things it has already, or is about to accomplish, are fully set forth in its own "organ." However, the promoters of the China Medical Missionary Association, in starting a new quarterly, are wisely keeping up with the times, a position in which doctors are always to be found.

Let us then say, "Welcome" to the China Medical Missionary Journal, and give it a front place along with the The Recorder and Pekin Gazette on the study table.

We must however remember that the "survival of the fittest" is as certain in literature as it is in nature. If we all take hold and make the Journal a brisk, lively success, it will succeed, but if everything is left to our able editors, even their well known medical skill may not be able to prevent atophic and degenerative changes.

We have each in this respect as medical missionaries a duty to perform. In the first place we can assist in getting subscribers. Let it be thoroughly understood by the laity that we shall expect them to consult the Missionary Journal as often as they do their Bibles or Williams' Dictionary, and let us agree to "boycott" as to drugs and treatment any patients unwilling to subscribe or who confess that they and their families can be happy without it-and see how the subscription list will speedily lengthen. In this matter of successfully using the "boycott" we have an advantage over clerical brethren and the Recorders, since possibly there are those in China who might not be as much terrified by being deprived of sermons as they would were medicines and the doctor's visits to be cut

Besides thus endeavoring to gladden our editors' hearts by many subscriptions, all paid for in advance, coming in from all quarters, we must also try to help them provide the necesary pabulum for the hungry subscribers.

This can easily be done if we jot down the brilliant thoughts and any notes on the interesting cases which occasionally present themselves to our minds or at our clinics, and send them along in time for the "next number." Perhaps also a desire to be the author of some of the excellent articles, as yet unborn, of original research, which will doubtless appear in the columns of the Journal, may drive some to diligent study in the laboratory or with the microscope, the

result being fame to ourselves and our Association as locaters of the long recognized but as yet unlocated special sense which renders the average native of China oblivious to smell or dirt, or as discoverers of the microbe which causes our cooks to squeeze so maliciously.

But all of us will have neither the time nor opportunity, though of course the ability is not wanting, necessary to become authorities in Bacteriology and Physiology, still we can each keep in mind the main purpose for which we have come to this Empire, and through the medium of our new publication cheer one another's hearts with reports of our successes not only in benefitting the bodies, but, which is equally in accordance with our duty as missionaries, the souls as well, of our patients.

While writing then of remarkable cures, skillful operations and new discoveries, let us also stir one another up by facts which show we are neither barren nor unfruitful laborers in the spiritual kingdom of our Lord.

B. C. ATTERBURY.

#### A LINE FROM FOOCHOW.

To Editor, Medical Missionary Journal of China.

DEAR SIR,-Is it not an occasion of rejoicing that an organization of a Medical Missionary Association of China has been effected? I have been waiting seven years for this result, and I think the time has more than come that the missionary physicians of all nationalities and Societies in China should gather up for their own and others' use what can be made of practical value in furthering the interests of Christianity and medical science. The more than seventy physicians of both sexes in China, educated in the best medical colleges of either England, Germany, or America, ought certainly to do justice to such an undertaking.

If I may be allowed, I would like to call attention to some of the practical phases of the work before us, which I hope will find a ready response from the other members of the Association.

1.-I think we should have on permanent record in our "organ," and at as early a date as possible, carefully prepared "tables" of climate from all parts of China, covering a period of not less than one year but longer if possible. Such tables should contain the maximum, minimum, and average of heat and cold, moisture and drought; the prevalence, strength and direction of winds; the frequency and severity of electric showers or storms; the amount of frost and snow, if any; the length of stormy, cloudy, and pleasant weather, and the season when either is the most common; the season of dusty atmosphere and dust storms, as in the North of China; the time, number, direction and severity of typhoons; the elevation of stations or outstations, and the general contour of the surrounding country.

2.—A record of the healthfulness of each station; the prevailing diseases, and especially those to which foreigners are subject; information as to the causes of the irritability, nervous exhaustion, and general breakdowns which we have to contend with in various localities.

3.—Statements as to the ability to obtain from native sources articles of food, clothing and furniture such as can be used by foreign residents, or any native drugs and utensils which a physician might make use of in earrying on medical work.

The utility, of a large part of any such information as indicated above, will be seen when it is known how constantly many of these points are called up by the Secretaries of the various Missionary Societies at home in trying to decide whom it is best to send to this, that or the other place, or whether it is safe to send them at all; and also by those under appointment, in determining whether they are fitted physically for any particular locality. Moreover, in providing a domestic and medical outfit, it would often

save time, a great deal of perplexing planning, and sometimes hundreds of dollars, if they could know beforehand something reliable as to the condition of things where they were going to labor. It is true a good deal of this outfit information is scattered about at home, but in such a form that when it is wanted it is about as useful as the thousand and one prescriptions that are usually volunteered by the laity when a person is sick and no physician is at hand. So that it often happens that when an appointment is made, there is a general stir for information about the field where they are going. The Secretary furnishes all he has at command. They collect all they can from friends and guess at the rest. The result is that scores, and sometimes hundreds, of dollars are spent for what they afterward find is not needed or could have been substituted in the field much cheaper. Those who have "tasted" of these things will appreciate the call for the remedy. No one is in a better position to render reliable information of this kind than the physician, as a part of his duties require him to think of these things. Such information would also be of educational and scientific value. It seems wise to call attention to these points early, as it will take some time to gather all of the information here suggested. Those who live in the open ports of course understand that the Chinese Imperial Maritime Customs Semi-Annual Medical Reports will be of service to them in various ways, as the separate reports are carefully prepared by the Customs' or community physicians, and in some instances by missionary physicians.

H. T. WHITNEY.

## THIS JOURNAL,

AN ORGAN FOR ALL THE MEDICAL MEN IN CHINA.

This, the first number of our Journal, comes before the medical men of China as a Medical Missionary Journal. Medical

mission work is only one branch of the great medical work of the world, one that is most heartily acknowledged and helped on by the leading men of the profession at home. In this first number, medical men, not missionaries, have shown their sympathy with the Journal by writing for it, thus giving the answer to the question-How does all this affect the medical men in China who are not medical missionaries? First by applying to any medical missionary they can, free of expense, become members of a respectable Medical Society. Second, the proposed Medical Journal furnishes an organ for all the foreign medical men in China. They are invited to write for it, to air their views on all matters, medical, surgical, or connected in any way with their profession, on which they desire to express an opinion. They can learn what is going on throughout this vast empire, in relation to medicine and surgery. They can help materially to build up proper medical education for the Chinese. By their sound common sense, as men of the world, they can moderate and direct the medical missionary, should his zeal lead him into unwise methods of work. There is much sound learning and a liberal share of ability among the medical men at the various Treaty Ports in China. They do good work, but they hide their light under a bushel. There are some able men, with a vast experience, among the medical missionaries. Let these two elements fraternise; they have only to know and understand one another better in order to develop that mutual respect and liking which should exist between brothers, fellow members of one of the noblest professions in the world. If we will only work, write for, and support this Journal, we can (with more than 100 contributors) make a success of it. As we shall exchange with other Medical Journals all over the world, any item of interest in our pages will be copied, and we shall, for the first time, keep touch with the rest of the Medical Profession in the world. The advantages to us here in China, from the successful working of the above scheme, are too obvious to need any further remark. With a cordial invitation to the Medical Profession in China to join us in carrying out this work to a successful and happy issue, I remain their friend and fellow-worker,

H. W. B.

MEMBERS OF MEDICAL ASSOCIATION.

Shanghai, March 18th, 1887.

To the Editor of the Medical Missionary
Journal.

Dear Sir,-The following persons having submitted their votes in respect to the formation of a Medical Missionary Association of China, and the various officers of the same, may be considered as members of this organization:—Dr. A. P. Peck, P'ang Chuang; Dr. Henry H. Porter, Pang Chuang; Dr. Mariana Holbrook, Tungcho, Peking; Dr. A. W. Douthwatte, Chefoo; Rev. J. C. Thomson, M.D., Yuen Kong; Dr. John A. McPhun, Swatow; Dr. John C. Stewart, Nay-fwoh fu; Dr. Geo. B. Crews, Peking; Dr. W. R. Lambuth, Peking; Dr. W. A. Deas, Wuchang; Dr. Mary H. Fulton, Kwai Ping; Dr. Dugal Christie, Moukden, (New-Digas)

chwang); Dr. V. C. MURDOCK, Kalgan; Dr. H. P. WHITNEY, Foochow; Dr. ROBERT TOLLIMAN, JR., Chinan-fu; Dr. L. HOWARD KING, Tientsin; Dr. MILDRED PHILIPS, Soochow; Dr. P. B. COUSLAND, Swatow; Dr. S. A. HUNTER, Chefoo; Dr. J. G. KERR. Canton: Dr. R. C. BEEBE, Nanking; Dr, JOHN M. SWAN, Canton; Dr. W. E. MACK-LIN, Nankin; Dr. B. C. ATTERBURY, Pekin; Dr. GEO. A. STEWART, Nanking; Dr. WILLIAM RIDDEL, Swatow; Dr. R. MAC-DONAL, Fatshan; Dr. JAS. B. NEAL, Tungchow-fu; Dr. J. K. MACKENZIE, Tientsin; Dr. H. W. PARK, Soochow; Rev. L. H. GULICK, M.D., Shanghai; Dr. H. W. BOONE, Shanghai; Dr. ELIZABETH REIF-SNYDER, Shanghai; Dr. E. M. GRIFFITH, Shanghai.

I would respectfully call the attention of the above-mentioned members and others desiring to enter the Society to By-law No. 7, in respect to iniation fees and yearly dues. Kindly forward these to me, as Treasurer.

Yours faithfully,

E. M. GRIFFITH, Sec. and Treasurer, Med. Mis. Ass'n. of China.

St. John's College, Shanghai.

## NOTES AND QUERIES.

Does the Hanlin College at Peking still confer medical diplomas?

Is "Stone in the Bladder" anywhere so common as in Kwangtung, where, since the first lithotomy by Dr. Parker at the Canton Hospital in 1844, to the end of 1885, no less than 1,057 cases have been operated upon by lithotomy and lithotrity, exclusive

of a large number of urethral and preputial calculi extracted?

Is it so prevalent in Corea as reported some time since; and what is known of the potent dissolvent of the native physicians there, which potion "relieved in a few hours, after long and terrible sufferings," the French missionary Bishop Ferreol, about 1850? Mayers, in his Chinese Government, has two references to the "College of Imperial Physicians" (太醫院), "in which the officials are all Chinese, not Manchus, and almost invariably natives of Peking." Will somebody enlighten us on that "College?"

A late number of the N. Y. Medical Record was making sport of the Homeopathic-dose character of the Chinese physicians' fees.—We have heard of \$100 fees. What is the regular system of fees, which the Middle Kingdom says exists? Is the fee not generally in accordance with the means of the patient or left to his generosity? What should be the course of the medical missionaries in this matter?

Now we have a Society for all China, we trust it wont be very long before we can have a Dictionary of Medical Terms for all China. The various systems now in vogue have little or no uniformity, which there must be if now we intend to work together as a body.

Some time since a Chinaman with the Northern term or terms hunted over Canton and Hongkong for Iodide of Potash without success until Dr. KERR's term was given to him, which with his other terms are more or less known in the South. Dr. KERR has an embryo Dictionary, but there would need to be a consensus of opinion to give us one available for the whole of China. Why might we not have a Committee on Medical Terms, for each Province; these Committees to compare terms and come to some understanding before the proposed General Gathering of Medical Missionaries, when the whole subject, properly presented, might be discussed and acted upon. At best our medical literature is very limited; certainly we wish it to be as widely available as possible.

Dr. Kerr, who has done most in this field, and whose upwards of two dozen volumes have been sold in considerable quantities, even to Peking and Hankow, would, we are sure, gladly adapt them in terms and price if they could be thus rendered more generally useful.

A late American paper appeals for the formation of a "Red Cross Alliance in China." Why is it not the province of this Society to make that move? The sufferings and brutal treatment of the Chinese soldiery cannot but elicit our sympathy; and we know that some of the high Chinese are beginning to manifest humanitarian feelings in this direction. Can we not do more for the soldiers?

#### EARTHQUAKES.

The following are some of the most important earthquakes that have been reported to have occurred in the eastern part of Asia, including Japan and the Philippine Islands:

- In 1596, July 12, several cities in Japan were ruined and several thousand people perished.
- In 1703, Yeddo, Japan, ruined and 200,000 people perished.
- In 1731, November 30, in or about Peking China, 100,000 people perished.
- In 1830, May 26 and 27, in Canton, China, and the neighborhood, about 6,000 people perished.
- In 1863, July 2 and 3, in Manila, Luzon, of the Philippine Is., about 10,000 people perished and there was a large destruction of property.

## The China Medical Missionary Jouqual.

Vol. I.

## MARCH 1887.

No. 1.

## INTRODUCTORY.

The Editors of the China Medical Missionary Journal send greeting to their fellow laborers and members of the Medical Missionary Association of China, and present the first Number of the Journal which you have delegated us to publish.

We desire in the outset to state distinctly that this is not our enterprise, and that we have only an equal share with each of you in its inception and future career. While you have placed in our hands, for the time being, the duty of conducting the Journal, we must look to you mainly for the material which is to make it valuable to us all as Medical Missionaries, and in some degree, we hope, to the Medical Profession.

Our calling as physicians is to relieve bodily suffering, and to make this benevolent work auxiliary to the higher and more important object of making known the gospel to those who are in ignorance of the message of salvation.

Our profession is regarded as a noble one in that it brings relief to suffering and pain, to which all the race is liable. But when we spend our lives among a strange people, uncongenial to us in their ways, and devote our knowledge of the healing art to their good, in order that we may lead them to the acceptance of those truths which are necessary to the salvation of their souls, we consecrate a noble profession to the noblest object that can engage the human mind.

Our blessed Savior, during his short mission of three years on earth, had two objects in view in healing disease: one was to attest His divinity by His miraculous power, and the other to gain the confidence of the people by showing that his mission was one of love and benevolence. In imitation of Him, we aim to accomplish only the second object, and the vast superiority of Western practice over the crude systems of native doctors gives us the means of doing this with an effect which must carry conviction to all. Let us therefore devote our energies to the great work we have in hand, and ever look for that blessing which is needed to open the blind eyes of our patients to see and receive the truths of the gospel which we present to them.

We find prevailing in China not only false systems of religion but false theories of medicine, and while we aim to give them a system of religion founded on eternal truth, we will also endeavor to introduce a knowledge of the sciences on which is founded a rational system of medical practice. Medical education is therefore a legitimate department of our work, and we will do no less good in training native physicians than in ministering directly to the suffering and diseased.

We may therefore state the objects we have in view, as follows:-

1st.—Healing the sick in hospitals, dispensaries and at the bedside;

2nd.—Training native physicians and nurses;

3rd.—Making both of these objects auxiliary to the spread of the gospel and the establishment of the Christian Church in all China.

The Medical Missionary Association will be a bond of union among a body of workers having a common object in view, and the Journal will be a means of inter-communication which we trust will prove a great benefit to all. Our number is increasing every year, and the department of work which we represent will, in the future, be one of the most important of the agencies by which the millions of China are to be won for Christ.

J. G. K.



## OFFICIAL NOTICE.

SHANGHAI, March 18th, 1887.

To the

MEMBERS OF THE MEDICAL MISSIONARY SOCIETY.

As two of the delegates elected to attend the Medical Congress (Doctors Parker and Mackenzie) find it impossible to serve, it devolves upon the Secretary to call for another election. The following gentlemen have been nominated in their places—Dr. A. Lyall and Dr. D. B. McCartee.

Trusting that the votes will be sent in at as early a date as possible,

Yours faithfully,

E. M. GRIFFITH, Secy., Med. Mis. Ass'n. of China.



## CONSTITUTION AND BY-LAWS

OF THE

## MEDICAL MISSIONARY ASSOCIATION OF CHINA.

## CONSTITUTION.

## ARTICLE I.

This Association shall be called the Medical Missionary Association of China.

#### ARTICLE II.

The objects of the Association shall be-

First.—The promotion of the Science of Medicine amongst the Chinese, and mutual assistance derived from the varied experiences of Medical Missionaries in this country.

Second.—The cultivation and advancement of Mission Work and of the Science of Medicine in general.

Third.—The promotion of the character, interest, and honor of the fraternity by maintaining a union and harmony of the regular Profession in this country.

#### ARTICLE III.

The Members shall be graduates of a recognized regular medical college, with proper testimonials from the Missionary Society under whose auspices they are laboring. They shall be proposed, in writing, at a regular meeting by one Member of the Association, and may be elected by a two-thirds vote at the next regular meeting. They shall be considered Members when they shall have signed the constitution, thereby agreeing to be bound by its provisions.

Persons of every nationality shall be eligible for membership.

## ARTICLE IV.

There shall be three classes of members: First.—Active Members, who shall be those engaged in Medical Missionary work in China; Second.—Honorary Members, those engaged in private practice in China, not being connected with any Missionary Board. Honorary Members are not entitled to vote; Third.—Corresponding Members, who shall be composed of all Non-Resident Medical Missionaries throughout the world, and of such others as may be duly elected by the votes of the Association. Corresponding Members shall not be entitled to vote.

## ARTICLE V.

The Officers of the Association shall consist of a President, one Vice-President for the North China district of Peking and Tientsin, one Vice-President for the district of Wuchang and Hankow, one Vice-President for the district of Shanghai and Nanking, one VicePresident for Fukien and Formosa district, and one Vice-President for the district of Canton and South China, a Secretary, a Treasurer, and a Board of six Censors, all of whom shall be elected biennially by a majority of the Members voting. No Member shall be eligible to the office of President for two successive terms. These 14 officers shall have the power to elect executive committees from their own body.

#### ARTICLE VI.

A copy of these Rules, together with the By-Laws, made from time to time, shall be printed and shall be binding upon every Member of the Society.

Each Member shall be provided with a copy of Rules and By-laws free of charge.

## BY-LAWS.

## ARTICLE I.

Meetings.—The stated meetings shall be held at the call of the President of this Association.

#### ARTICLE II.

The President, or in his absence the Vice-President, shall preside at the meetings, and enforce the rules of order, appoint all committees not otherwise provided for, give the casting vote in case of a tie, and perform such duties as his position requires.

## ARTICLE III.

The Secretary shall keep the minutes, notify absentees of their appointments, furnish the chairman of each committee which may be appointed with the list of its members, receive the signatures to the Constitution, and conduct such correspondence as may from time to time be necessary.

#### ARTICLE IV.

The Treasurer shall receive and have charge of all the moneys of the Association and pay all bills approved by the same. He shall report the condition of the Treasury to the President, on the 30th day of June, and the 31st day of December, of each year.

## ARTICLE V.

Members preparing papers, or proposing to exhibit cases to the Association, shall notify the other Members of the subject they propose for discussion, at least two months before the next regular meeting of the whole Association. As the Association will only meet, as a body, once in several years, most of the discussions will be conducted through the columns of the Medical Journal of the Association.

## ARTICLE VI.

All motions before the Association shall be in writing and signed by the proposer of the motion.

### ARTICLE VII.

The initiation fee required from all Active Members shall be one dollar. There shall be no fee from Honorary Members. Yearly dues shall be two dollars, in advance.

## ARTICLE VIII.

The following shall be the order of business for each meeting, in the transaction of which ordinary parliamentary rules shall be enforced:—

- I. Calling the Roll of Members.
- II. Reading of the Minutes of last Meeting.
- III. Report of Committee on Admissions.
- IV. Election of New Members.
- V. Propositions for Membership.
- VI. Report of Committees and Officers.
- VII. Written Communications and Discussions thereon.
- VIII. Verbal Communications.
  - IX. Unfinished Business.
  - X. New Business.
- XI. Adjournment.

## ARTICLE IX.

In the event of any important subject coming up calling for the immediate action of the Association, the President and Secretary can issue circulars calling for the votes of the Members on the question at issue. The result of this vote when counted by the President and Secretary and announced to the Members of the Society, to be binding upon all Members of the Association. The President and Secretary can use the columns of the Medical Journal in lieu of a circular when they may deem it best so to do.

#### ARTICLE X.

These By-laws may be altered or amended by a three-fourths vote at a regular meeting, provided notice of the same shall have been given in writing two months previously.

# LIST OF MEDICAL MISSIONARIES IN CHINA, COREA AND SIAM.

The following List of Medical Missionaries, is as perfect as the labor of several persons can make it, and yet we doubt not that it is far from what it might be. We shall be much obliged to any one who will send us additions and corrections. In default of any better method of indicating the Lady Physicians, we have attached an asterisk (\*) to the names of unmarried ladies, and an obelisk (†) to those of married ladies. The Missions are arranged according to the dates of their com-

mencing work in China, under their different nationalities of Great Britain and the United States of America. Seventy-nine names are given below, belonging to twenty different Missionary Societies, thirty-three of whom are under the nine Missionary Societies from Great Britain.

#### GREAT BRITAIN.

SIONARY SOCIETY, 1807.	
Tientsin	1877
Tientsin	1878
Hankow	1882
Peking	1886
Tientsin	1887
SIONARY SOCIETY, 1844.	
Hokning-fu	1878
Hangchow	1882
,,	1887
Pakhoi	1884
APTIST MISSION, 1845.	
Chingchow-fu	1885
**	1885
BYTERIAN MISSION, 184	7.
Taiwan-fu	1878
Swatow	1879
Chinchew	1880
Amoy	1881
Ng-kang-phu	1881
,,	1883
Swatow	1883
Taiwan-fu	1885
AN MISSION, 1852.	
Fatshan	1881
,,	1884
Hankow	1886
"	1887
Kaiping	1884
LAND MISSION, 1865.	
Chefoo	1874
,,	1875
Takutang	1880
Taiyuen-fu	1882
Hanchung	1882
Ganking	1884
	Tientsin Hankow Peking Tientsin SIONARY SOCIETY, 1844. Hokning-fu Hangchow Pakhoi  APTIST MISSION, 1845. Chingchow-fu " BYTERIAN MISSION, 184 Taiwan-fu Swatow Chinchew Amoy Ng-kang-phu " Swatow Taiwan-fu YAN MISSION, 1852. Fatshan "Hankow " NEW CONNEXION, 1860. Kaiping LAND MISSION, 1865. Chefoo " Takutang Taiyuen-fu Hanchung

UNITED PRESBYTER	IAN CHURCH, SCOTLAND,	1865.
WESTWATER, A. McD.	Chefoo	1881
CHRISTIE, D.	Newchwang	1882
ESTABLISHED	CHURCH OF SCOTLAND.	
McDonald, -	Ichang	1887

UNITED STAT	TES OF AMERICA	
rani na mana na haka na	1. Long	
AM. BOARD COM.	FOR. MISSIONS, 1830.	
PORTER, H. D.	Pang Chia	1872
WHITNEY, H. T.	Foochow	1877
Peck, A. P.	Pang Chia	1880
MURDOCK, V. C. *	Kalgan	1881
PERKINS, L. E. †	Tientsin	1882
Holbrook, M. A. *	T'ungchow	1883
OSBORNE, D. E.	Taiku	1884
WOODHULL, K. C. *	Foochow	1884
MERRITT, C. P. W.	Paoting-fu	1885
AMERICAN BAPTIST	MISSIONARY UNION, 1	834.
BARCHET, S. P.	Ningpo	1868
Daniells, C. H. *	Swatow	1878
AMERICAN PROTESTAN	T EPISCOPAL MISSION	, 1835.
BOONE, H. W.	Shanghai	1880
DEAS, W. A.	Wuchang	1881
GRIFFITH, E. M.	Shanghai	1885
AMERICAN PRESBYTE	RIAN MISSION, NORTH	, 1838.
HAPPER, A. P., Rev.	Canton	1844
KERR, J. G.	Canton	1854
ATTERBURY, B. C.	Peking	1879
HUNTER, S. A. D., Rev.	Chefoo	1879
THOMSON, J. C., Rev.	Yuen Kong	1881
NILES, M. *	Canton	1882
NEAL, J. B.	Têngchow-fu	1883
ALLEN, H. N.	Seoul (Corea)	1883
FULTON, A. M. *	Kwai Ping	1884
SWAN, J.	Canton	1885
COLTMAN, ROBT.	Chinan-fu	1885
35-0	WW 15	

Hoihow

Peking

Seoul (Corea)

Bankok (Siam)

Petchaburi (Siam)

Chengmai (Siam)

1885

1885

1886

1886

1886

1887

McCandliss, H. M.

TAYLOR, GEO. YARDELL

HERRON, J. W.

HAYS, J. H.

THOMPSON, J.

CAREY, A. M.

METHODIST EPIS	SCOPAL MISSION, 1847.	
Hoag, L. H.	Chinkiang	1872
CREWS, G. K.	Chungking	1883
COREY, C. A. *	Foochow	1884
Beebe, R. C.	Nankin	1884
GLOSS, A. D. *	Tientsin	1885
HOPKINS, N. S.	Tsunhua	1886
Pray, S. *	Foochow	1886
STEWART, G. A.	Nankin	1886
SEVENTH D	AY BAPTIST, 1847.	
SWINNEY, E. F. *	Shanghai	1883
AMERICAN BA	APTIST, SOUTH, 1847.	
GRAVES, R. H., Rev.	Canton	1856
METHODIST EPI	SCOPAL, SOUTH, 1848.	
PARK, W. H.	Soochow	1882
PHILIPS, M. M. *	,,	1884
WOMAN'S UN	ION MISSION, 1859.	
Reifsnyder, E. *	Shanghai	1883
AMERICAN BI	BLE SOCIETY, 1876.	
GULICK, L. H., Rev.	Shanghai	1876
FOREIGN CHRISTIAN	MISSIONARY SOCIETY	, 1886.
MACKLIN, W. E.	Nankin	1886

#### HONORARY MEMBERS.

We give below the names of those who have been elected Honorary Members of the Shanghai Medical Missionary Association. We shall be happy to publish the names of those similarly elected by the other local Medical Societies of China.

Dr. JAMIESON. ., Pichon. " MACLEOD. " MILLES. " LALCACA. Rev. Dr. YATES. " WM. MUIRHEAD. Rt. Rev. Bishop BOONE. Rev. E. H. THOMSON. " Dr. FARNHAM. Rt. Rev. Bishop Moule. The Ven. Archdeacon Moule. Rev. H. C. Hodges.

,, J. HUDSON TAYLOR.

Rev. ALEX WILLIAMSON.

.. D. H. DAVIS.

.. C. F. REID.

,, Dr. Y. J. ALLEN.

V. C. HART.

Prof. WM. H. THOMSON, M.D., LL.D. 118 E., 45th St., N. Y.

" GEO. D. DOWKONTT, M.D.,

No. 118 E., 45th St., N. Y.

Rev. WM. S. LANGFORD, D.D.,

22, Bible House, N. Y.

Dr. W. BURNS THOMPSON, F.R.S.E., 46, Endell St., St. Giles, London.

#### ITEMS AND NEWS.

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We would ask the attention of all friends to our statement of terms, and other conditions, which we give on the inside of the cover. Of this first number, copies will be sent at a venture to the several officers in different parts of the Empire, who will, we doubt not, as soon as practicable, send us the names of all subscribers. Early remittances of money will be a great help in meeting the first bills for The China Medical Missionary Journal.

Our last pages are occupied with two articles by Chinese friends who are interested in Medical Missionary Work. The writer of one article is the Rev. Mr. Woo, Chaplain to St. Luke's Hospital in this place. He explains the importance of Medical Work as an aid in preaching the Gospel. Rev. Mr. Yen, of the same Mission (the American Episcopal) in the other article, writes of the nature and use of the Medical Missionary Association, and of this Medical Journal.

If we mistake not The China Medical Missionary Journal, is the first Medical Missionary Journal published in heathen lands. This will, we hope, secure for it the aid of many, not only in China but in other lands. We shall send copies of our first number to individuals in the home lands, trusting that they will not only become subscribers, but that they will recommend it to others, and so assist us in securing an assured support. Payment may be made in Postal Orders from England and Europe, or with Postal Stamps from the United States of America.

We already have in hand a very valuable historical article from Rev. J. C. Thomson, M.D., entitled "Medical Missionaries to the Chinese," which will appear in our next number, in whole or in part. It is a chronological summary, year by year, of the principal facts regarding Medical Missionaries to China. Dr. Thomson sums up the whole in the following lines:—

"Of the 150 Medical Missionaries to China the majority have been from America. Among that number some 27 are ladies. At least 33 are "Rev." as well as "M.D." The Presbyterian Mission sends the largest number, next the American Methodist Churches. Almost one fifth of the number have at one time or other worked in or about Canton. Since 1850 only four years escaped without sending a Medical Missionary to China; and from 1834, the year of Dr. Peter Parker, the Pioneer, down to 1850, only five years. 1882 'takes the palm' in having sent its dozen."

Members of the Association are requested to send in their initiation fee of one dollar, and the annual dues (payable in advance) of two dollars, to the Treasurer, Dr. E. M. GRIFFITH, of St. John's College, Shanghai.

Dr. Lucy H. Hoag, of Chinkiang, mentions briefly in a note that, "On the 15th of "February the native officials of Chinkiang "and foreign residents were invited to a "formal opening of the Hospital and School "work of the Woman's Foreign Missionary "Society of the Methodist Church. A number of officials came, and the American and "British Consuls, with a number of our "friends from the community."

HOSPITAL REPORTS FOR 1886.

Dr. James B. Neal, of the American Presbyterian Mission at Tungchou fu, in his second Annual Report, notes for the year 1886: Dispensary patients 3,474, of which number 1,629 were new cases, and of these new cases 1,362 males and 267 females. Among the diseases treated, of General there were 196, Surgical 174, Throat and Lungs 161, Gastro-intestinal 420, Eye and Ear 107, Skin 394 (204 being Scabies) and under Miscellaneous 179; 41 In-patients, of which 40 were males; 134 Surgical operations, of which number, as Dr. NEAL himself writes, "The great majority being for simple ab-"scesses; some major operations however, such "as excision of the breast, amputation of the "leg, and several others of equal importance, "were performed." Dr. NEAL is to be congratulated on his prospective class of medical students. Although, as very modestly stated, his "work is not large, the number of "patients being small as compared with "many other places in China," still there is no doubt that the foundation for a good work is being very well laid.

From the Report of the Mackay Mission Hospital, in Tamsui, Formosa, for 1886, we learn that 3,448 new cases presented themselves for treatment, the great majority of which, almost \(\frac{1}{2}\), suffering from Fever and Ague; 310 cases of Diseases of the Eye, with 88 operations, 11 of which were Iridectomies, and 5 for Cataract; 266 Surgical operations, which includes 92 teeth extracted; 56 opening abscesses, etc, and 20 excisions of tumors.

Dr. Alexander Rennie, who is in charge of the Mackay Hospital, as Dr. Mackay writes, "has to report the largest number of patients "since the Hospital was founded," while Dr. Mackay himself, during the past year, "extracted 1,237 teeth, and, with "all the preachers, dispensed to 5,176 "patients throughout the three districts "of which North Formosa is composed." The treatise on Malarial Fever in North

Formosa, which Dr. MACKAY gives in this report, is extremely interesting, and we regret that we cannot note in full the names given to the disease by the Chinese, the causes assigned by the natives, and the treatment both native and foreign. The burden of the Doctor's prayer is that "a great discoverer speedily come, and de-"liver tens of thousands in Formosa, China, "the 'Dark Continent,' India, and other lands "from this soul and body trying poison."

The Wesleyan Missionary Hospital, Fatshan, under the care of Drs. Wenyon and
Macdonald, has accommodations for 150
in-patients. This institution was opened in
1881, and is the only one of its kind in
Fatshan, a town of almost half a million.
In connection with above-mentioned Physicians and Surgeons, there is also a senior
House Surgeon, Mr. Anton Anderson, and
a Junior House Surgeon, Mr. Chan Ashing.

During the year 1886 the cases treated were as follows :- Out-patients : new cases 3,744, old cases 3,490; In-patients 361; patients visited at home 72; three Dispensaries 700; making a total of 8,367. Among the diseases treated we notice 642 were of the Skin; next in order of frequency those of the Eye, there being 440. Of Diseases of the Genito-Urinary system there were 145, and of abscesses and boils lanced, also 145. Diseases of the Digestive system, and of the Respiratory system, each 212. We cannot note all for want of space. 233 Surgical operations are reported, with but 2 deaths, and with 184 cures. Fifteen cases of Lithotomy were operated upon with recovery in every case.

In the midwifery practice twenty cases are reported with but one death.

The whole tone of the Report is most encouraging, and we congratulate the Physicians and Surgeons in charge on the work already done, and the kindly recognition the Chinese have bestowed on this valuable institution. We trust that all Medical Missionaries resident in China will make themselves members of the Medical Association, by sending in their fees and dues, and will exercise their privileges by voting on the various matters laid before them.

Dr. McDonald, of Fatshan, has been able to take a short vacation, which he has improved by a visit to Central China. This study of other methods than our own is one that Missionary Societies would do well to frequently accord to their missionaries.

We learn with pleasure that Dr. OSBORNE, of Talku, who went home not long since, fearing that he might be permanently detained there, is after all hoping to return to his work in the province of Shansi.

Dr. CREWS, who in common with the rest of the missionaries at Chungking, was obliged to leave in July last, will soon return there hoping to resume work.

The slight troubles experienced by Dr. THOMSON at Yuen Kong in Southern Kwang-tung, seem to have quieted down, and it is hoped that a permanent lodgement has been effected.

The robbery of Dr. MAIN'S Hospital at Hangchow of all its surgical instruments, on the 19th of February, must have been very embarrassing. The loss was estimated at \$500.00. The Hospital was left, we understand, with scarcely a scalpel. We are glad to see, by the acknowledgements in our daily papers, that a number of contributions have been sent in by foreign and by Chinese friends, amounting to several hundred dollars, though not as yet covering the loss. Not the least useful of the donations was that of a number of surgical instruments from St. Luke's Hospital, under the care of Dr. BOONE—thus giving the best of evidence of the kindly feeling existing between our different Medical Missions.

One of the peculiarly Chinese manifestations of interest on the part of the officials of Hangchow, has been their calling together the thieves of the city to consult with them regarding the best method for recovering the lost instruments. We have not been informed of the results of the conference, but from a western point of view it would be natural to doubt the disinterested wisdom of any counsels the thieves may have given.

#### ARRIVALS.

February 28th.—At Shanghai, GEORGE YARDLEY THOMPSON, for the American Presbyterian Mission, Peking.

March 22nd.—At Hongkong, Dr. McDonald, for the Established Church of Scotland Mission, Ichang.

March 26th.—At Shanghai, Rev. Sydney R. Hodge, M.R.C.S., L.R.C.P., for Wesleyan Mission, Hankow.

April 3rd.—At Shanghai, Dr. McFarlane, for London Mission, Tientsin. 志

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